## 2007 MICHIGAN Fiduciary Income Tax Return

This form is issued under authority of P.A. 281 of 1967. Penalty and interest apply for failure to file (see instructions). Type or print in blue or black ink. OFFICE USE ONLY Check appropriate box(es): This is an original return This is an amended return b. This is the final return ▶ 1. For 2007, or taxable year beginning , 2007 and ending PART 1: NAME AND IDENTIFICATION Federal Employer Identification Number (FEIN) Name of Estate or Trust 3. Name, Address and Title of Fiduciary Estate Information 5a. County 5b. Probate File No. 5c. Date of Death (MM-DD-YYYY) Trust Information 6. FILING 6a. Resident Estate 6c. Resident Trust 7. Date Trust Was Created (MM-DD-YYYY) 6b. Nonresident Estate 6d. Nonresident Trust **STATUS** PART 2: INCOME AND ADJUSTMENTS .00 8. Federal taxable income of fiduciary (from U.S. 1041, line 22 or U.S. 990-T, line 34) ..... .00 8a. Federal taxable income of ESBT (from Sec. 641(c) worksheet) ...... .00 8b. Total. Add lines 8 and 8a ..... Attach a copy of your U.S. 1041 and supporting schedules 9. Fiduciary's share of Michigan net adjustments (from Schedule 3, line 46, column D, .00 or Schedule 1, line 42) ...... .00 10. Total. Combine lines 8b and 9 .00 11. Capital gain/loss adjustment for resident estates or trusts (from Schedule MI-1041D) ..... 11. \_\_\_\_\_ .00 12. Taxable income. Combine lines 10 and 11 or enter amount from Schedule 4, line 77 ...... 12 .00 13. Tax. Multiply line 12 by 4.01% (.0401) ...... 13. \_ PART 3: CREDITS AND PAYMENTS <u>Amount</u> Credit 14. Income tax paid to Michigan cities ....... 14a. \_\_\_ <u>.00</u> 14b. \_\_\_\_ .00 <u>.00</u> 15b. \_\_ 15. Public Contributions...... 15a. \_\_\_ 16. Community Foundations. Enter code, see p.16 \_\_\_\_\_ 16a. \_\_\_\_\_ 16b. \_\_\_\_ .00 18. Income tax paid to another state (attach copy of return) 18a. \_\_\_\_\_\_ 18b. \_\_\_\_\_ .00 <u>.00</u> 19b. \_\_\_ .00 19. Michigan Historic Preservation Tax Credit...... 19a. \_\_\_\_ <u>.00</u> 20b. \_\_\_\_ 20a.. .00 20. Vehicle Donation Credit. Enter code, see p. 5 .00 21. Total nonrefundable credits. Add 14b, 15b, 16b, 17b, 18b, 19b, 20b ...... 21. \_\_ 22. Income tax. Subtract line 21 from line 13 (zero or greater) ...... .00 22. \_\_ .00 .00 26. Add lines 23, 24 and 25 26. -PART 4: BALANCE DUE OR REFUND 27. If line 26 is less than line 22 enter TAX DUE. Check if MI-2210 is attached. a. .00 28. If line 26 is greater than line 22, enter overpayment .00 28. \_\_\_\_\_ 29. Amount of line 28 to be credited to your 2008 ESTIMATED TAX ...... ▶ 29. \_\_\_\_\_\_.00 .00 

# SCHEDULE 1: NET MICHIGAN ADJUSTMENT FOR RESIDENT ESTATES OR TRUSTS

Addi	tions						
31.	Gross interest and dividends from obl	ligations issued by states other					
	than Michigan or their political subdivi	isions	31	.00			
32.	Taxes imposed on or measured by in-	come deducted on U.S. 1041	32	.00			
33.	Expenses included in U.S. 1041 attrib	outable to income from sources					
	outside of Michigan		33	.00			
34.	Expenses and interest incurred in pro	duction of income from					
	U.S. government obligations on U.S.	1041	34	.00			
35.	Other (attach schedule)						
36.	Total additions. Add lines 31 through	35			36	.00	
Subt	ractions						
37.	Income from U.S. government bonds	and other obligations to the extent					
	included in federal taxable income	included in federal taxable income					
38.	Income attributable to another state. I	Explain type and source:					
			38	.00			
39.	Expenses related to obligations of oth						
40.	Other (attach schedule)		40	.00			
41.	Total subtractions. Add lines 37 throu				41	.00	
42.	Net Michigan adjustment. Subtract lin	e 41 from line 36 and enter here			42	.00	
	If no distribution to beneficiaries, carry	y this amount to page 1, Part 2, line $9$	9.				
	Otherwise complete Schedules 2 and	13.					
SCH	IEDULE 2: NAMES AND ADDRES	SSES OF BENEFICIARIES. Co	mplete if any	income is	distributed.		
	Name of each beneficiary	Address of each beneficiary. If	mailing	Social Sec	curity number or F	EIN	
	Name of each beneficiary	address differs from home address	s, give both.	of e	ach beneficiary		
43a	•						
43b							
43c	•						
43d	•						
SIGI	NATURES AND DECLARATIONS						
		n this return and attachments is true and	I declare under	nenalty of periur	that this return is bas	ed on all	
I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.				information of which I have any knowledge.			
Signature of Fiduciary or Officer Representing Fiduciary Date			Preparer's Nam	ne, Address, PTIN	and/or FEIN		
I aut	horize Treasury to discuss my return with my prep	parer. Yes No					
This	return is due April 15, 2008, or on the	e 15th day of the fourth month afte	er the close of	your tax yea	r.		
WITI	HOUT PAYMENT: Mail return to:	WITH PAYMENT: Pay amount on line	e 27 Mail	Make check	payable to "State o	of Michigan	
*****	I ATMENT. Wall foldill to.	check and return to:	o ⊆r. iviali		e estate's or trust'		
=	Michigan Department of Treasury	Michigan Department o	f Treasury	"2007 MI-104	41" on the front of the	ne check.	
	P.O. Box 30058 Lansing, MI 48909	Department 781041 P.O. Box 78000					
		Detroit, MI 48278-1041					

#### 44. EXPLANATION of CHANGES (If you are amending your return, complete this section)

Explain changes to income, deductions and credits. Show computations in detail and attach a copy of the amended U.S. 1041 and all supporting schedules.

SCHEDULE 3: BENEFICIARIES' AND FIDUCIARY'S SHARE OF NET MICHIGAN ADJUSTMENTS FOR RESIDENT ESTATES OR TRUSTS

А	B Federal Distributable Net Incom	me	С	D Allocation of Net Michigan Adjustment
Beneficiary Identification from Schedule 2	Type of Income (Dividend, Interest, Rent, etc.; Location of Property, etc.)	Amount	Percent of Column B	(Multiply amount on line 42 by percent in Column C.)
45. Beneficiaries				
a.			%	
b.			%	
C.			%	
d.			%	
46. Fiduciary's Share			%	
47. Total			100%	

Schedule 4 on page 4 must be completed for nonresident estates or trusts.

Schedule 5 on page 4 must be completed for resident or nonresident estates and trusts if capital gains/losses were distributed to beneficiaries and a Michigan *Adjustments of Capital Gains and Losses* (Form MI-1041D) was filed.

#### SCHEDULE 4: COMPUTATION OF MICHIGAN TAXABLE INCOME FOR NONRESIDENT ESTATES OR TRUSTS

ncome Allocation: Attach all applicable federal schedules see instructions on pages 6 and 15).		A Total	B Michigan	C Non-Michigan
ncome (from U.S. 1041)				
48. Interest income	48.			
19. Dividends	49.			
50. Business income/loss	50.			
51. Capital gain/loss (complete Form MI-1041D)	51.			
52. Rents, royalties, partnerships, other estates or trusts, etc	. 52.			
53. Farm income/loss	53.			
54. Ordinary gain/loss from U.S. 4797 (see instructions)				
55. Other income (state nature of income)	55.			
56. TOTAL income. Add lines 48 through 55	. 56.			
Deductions (from U.S. 1041)				
7. Interest	57.			
8. Taxes	58			
9. Fiduciary fees	59.			
0. Charitable deduction	60.			
1. Attorney, accountant, and return preparer fees	61.			
2. a. Other deductions NOT subject to 2% floor	62a			
b. Allowable misc. itemized deductions subject to 2% floor	62b.			
3. TOTAL. Add lines 57 through 62b	63.			
4. Adjusted total income/loss. Subtract line 63 from 56	64.			
5. Income distribution deduction	65			
66. Estate tax deduction (including certain generation-skipping taxe	s) 66.			
7. Exemption	67.			
8. TOTAL deductions. Add lines 65 through 67	68			
9. Total income of fiduciary. Subtract line 68 from line 64	69.			
'0. If line 51 is a loss, enter amounts here as positive figures	70.			
1. If line 51 is a gain, enter amounts here as negative figures	71.			
2. Income of fiduciary excluding capital gain/loss				
Combine lines 69 through 71	72.			
3. Michigan income (excluding capital gains and losses) from line	72, column	В	73	.00
4. Taxes imposed on or measured by Michigan income deducted of	on <i>U.S. 104</i>	<i>1</i> 1	74	.00
75. TOTAL. Add lines 73 and 74			75	.00
6. Fiduciary's share of Michigan gain/loss from MI-1041D (see ins	structions)		76	.00
7. Income taxable to fiduciary. Combine lines 75 and 76. Enter her			-	

### SCHEDULE 5: CAPITAL GAIN/LOSS DISTRIBUTED TO BENEFICIARIES WHEN FORM MI-1041D IS FILED

A Beneficiary Identification from Schedule 2	B Federal Gain or Loss	C Michigan Gain or Loss
78. Beneficiaries		
a.		
b.		
C.		
d.		
79. Total		